There are only a few days each cycle when a woman can get pregnant, the days leading up to and the day of ovulation\(^1\). The “fertile window” will typically be 6 days, but when these fertile days occur and how many there are will vary from woman to woman and cycle to cycle. In some cycles, ovulation may not happen at all. This article explains some of the reasons why this may occur and how common it is.

What is Ovulation?

Ovulation describes the time in your cycle when an egg is released from the ovary. As you approach ovulation, your body produces increasing amounts of a hormone called estrogen, which causes the lining of your uterus to thicken and helps create a sperm friendly environment – these are the ideal conditions for fertilization. These high estrogen levels trigger a sudden increase (surge) in another hormone called luteinizing hormone (LH). This LH surge causes the release of the mature egg from the ovary - this is ovulation. Ovulation normally occurs 24 to 36 hours after the LH surge\(^2\), which is why the LH surge is a good predictor of the most fertile days in a woman’s cycle.

I don’t think I’ve ovulated this month

This is common and occurs in around 1 in 10 healthy women\(^4\). Up to 90% of anovulatory cycles are as a result of PCOS making it the most frequent cause of non-ovulatory cycles (see below). A menstrual cycle where ovulation doesn’t happen is called an anovulatory cycle. Anovulatory cycles are common in healthy women with regular periods at some point during their reproductive life but are most common during adolescence and as you approach menopause due to disrupted hormone levels.

The egg can only survive for 12-24 hours after ovulation\(^3\). Sperm can survive for up to 5 days\(^1\) therefore you can also get pregnant if you have sex in the 5 days leading up to ovulation, as well as the day of ovulation itself.

Why haven’t I ovulated?

Ultrasound of an ovary in PCOS
**Common causes of anovulation**

**Polycystic Ovary Syndrome (PCOS)***

The term ‘Polycystic Ovaries’ describes ovaries that contain lots of small ‘cysts’ or egg-containing follicles that haven’t developed properly often due to a hormone imbalance. It is a common condition affecting between 1 in 5 and 1 in 10 (5-10%) of women and can cause symptoms such as irregular periods, excess body hair, oily skin, weight gain, depression and problems trying to conceive. PCOS can cause anovulation. In one study, women who were suspected to be not ovulating, or who had irregular periods were assessed and over 90% (9 in 10) were found to have PCOS.6

Women with PCOS produce too much of a hormone called testosterone in their ovaries, and it is this excess testosterone that causes many of the symptoms of the condition. Not all women with PCOS will experience all of these symptoms. The exact cause of PCOS is not known, although it often runs in families. Some women can have PCOS and not know about it until they start trying to have a baby. Many symptoms of PCOS can be improved by achieving a healthy weight through exercise and a healthy diet. If you suspect you may be suffering from PCOS arrange to speak to your doctor, who may be able to recommend further treatment.

**For more information on PCOS, visit:**
http://www.pcosfoundation.org/index.php

**Health and weight**

Being under or overweight can also cause you to stop ovulating. If your BMI (Body Mass Index) is below 20, or above 27 you may want to talk to your doctor about achieving a healthier weight (a BMI of between 20 and 25 is considered a healthy weight). Women who exercise very heavily for a prolonged period of time (e.g. long distance runners) may also stop ovulating. In these cases, ovulation may return to normal if a healthy weight and reduced activity levels are reached.

**Stress and anxiety**

Stress and anxiety can impact the part of your brain that controls hormones (the hypothalamus). Stress can cause the hypothalamus to stop releasing the hormones required by the ovary for ovulation. The effect of stress is that the release of an egg is delayed, or it might not happen in that cycle. This is known as stress-induced anovulation.

**Other causes**

The use of some drugs and medicines including the contraceptive pill, implant and injection cause anovulation, which is desirable when you are trying to avoid getting pregnant. Other underlying medical conditions such as Cushing’s syndrome, hormonal disorders and some other rare medical conditions may also cause anovulation – you should speak to your doctor who will be able to advise you on these.

**How common is anovulation?**

The number of women who experience anovulatory cycles varies. In a recent clinical study women were scanned using ultrasound to look at the ovary and see if they had ovulated – 1 out of 40 women (less than 3%) did not ovulate in the cycle studied. In a separate study, 13 out of 100 women (13%) had no LH surge and are therefore unlikely to have ovulated in the cycle studied. In both studies, the women were of normal reproductive age with no underlying medical conditions and had normal, regular cycles.

**Anovulation and Clearblue Products**

If you have been diagnosed with PCOS you should not use Clearblue ovulation tests or fertility monitors as you may get misleading results.

**Clearblue Digital Ovulation Test**

If you have PCOS, you may have high levels of LH throughout your cycle (a high background level of LH). The Clearblue Digital Ovulation Test works by measuring the change in LH level above the background. If a large enough change is not detected, the test will not indicate that it has detected an “LH surge” and will not show a “smiley face” result. It is also possible that a woman with PCOS will get a “smiley face” result on her first day of testing as her background LH is so high and if she continues to test she may see more than one “smiley face” result in that cycle. If you experience three consecutive months with unexpected results, please see your doctor to discuss what this may mean.

**Clearblue Advanced Digital Ovulation Test and Clearblue Fertility Monitors**

These products measure estrogen as well as LH. If you have PCOS, you may produce a high level of estrogen and can see more ‘high fertility’ days than expected. Like the Clearblue Digital Ovulation Test, if a large enough change in LH level is not detected, or if your background LH is high these products will not give the correct result.

**What now?**

Many women are affected by anovulation at some point. Occasional anovulatory cycles are normally nothing to worry about, but you should speak to your doctor if you see 3 or more cycles without ovulation or if you have any concerns.

Visit www.clearblueeasy.com for more information on our products.

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References:


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